

# Parks & Playgrounds Counselor Application

Date Application Submitted: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Applying for: ☐ Full-time ☐ Substitute

## Education/Experience

School: \_\_\_\_\_  
Are you First Aid/CPR certified? \_\_\_\_\_

List extracurricular activities/community involvement

\_\_\_\_\_

List previous/current employment

\_\_\_\_\_

Please describe your experience with children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Time Off

We prefer you take no days off during the program but there will be a maximum of 3 approved (vacation, drivers tests, or college visits) missed days during the program. If more than 3 days are needed off please consider applying as a substitute. If you have any questions about time off please contact Mrs. Fields @ 856 986 2191.

Vacation Days needed: \_\_\_\_\_

## Personal

How will the Parks & Playgrounds program benefit if you are a counselor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the name and phone number of one personal reference

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*APPLICANTS MUST BE AT LEAST 14 YEARS OF AGE\*\*\***

**\*\*\*APPLICANTS UNDER THE AGE OF 18 MUST PROVIDE NEW WORKING PAPERS EVERY YEAR\*\*\***